

These activities are structured to be in conformance with Section 1902 (a) (23) and not to duplicate any other service reimbursed in the Medicaid program or any other program.

Enrollment will be accomplished in accordance with Section 1902 (a) (23) of the Act.

Qualified case management agencies must have responsible personnel management including written policies and procedures that include, but are not limited to, recruitment selection, retention and termination of case managers; job descriptions for case managers; grievance procedures; hours of work, holidays, vacations, leaves of absence; wage scale and benefits; conduct and general rules. Agencies which may be certified include:

- a. Public Health Division of New Mexico Department of Health;
- b. Indian Tribal Governments or Indian health services;
- c. Federally qualified health centers (FQHC); and
- d. Other agencies which have at least one year direct experience in case management services. Such experience may be through the agency as an entity or through its employees. These agencies must have knowledge of available community services and methods for accessing them.

Case managers employed by case management agencies must possess the education, skills, abilities, and experience to enable them to perform the activities that comprise a Medicaid Case Management Service. It is important that individuals have language skills, cultural sensitivity and acquired knowledge and expertise unique to the geographic area.

- a. Case managers must be licensed as a registered nurse and have a bachelors degree in nursing or be licensed as a social worker. The nurse or social worker must have two years of experience in community health and at least one year of experience in maternal or child health;

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01-25-96
01-31-96
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STATE: NEW MEXICO

- b. OR be a licensed registered nurse or have a bachelors degree in social work with a minimum of two years of experience in community health and at least two years experience in maternal health or child health nursing.
- c. In the event that there are no suitable candidates with the above qualifications, an individual with, an associates degree and four years of experience in social work, community health and/or maternal and child health may be employed as a case manager.
- d. If no individuals with a college degree and appropriate experience are available, an individual with a high school diploma and five years of experience in social services, community health or maternal and child health may be considered. Agencies that are considering hiring individuals in option c or d must complete a waiver process.

F. Freedom of Choice

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services given that the providers meet the qualifications in Section E.
2. Eligible recipients will have free choice in participating in case management.
3. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Reimbursement

Payment for case management services under the plan does not duplicate payments made to public agencies for private entities under other program authorities for this same purpose.

STATE	<i>New Mexico</i>	A
DATE REC'D	<i>01-23-96</i>	
DATE APPV'D	<i>01-31-96</i>	
DATE EFF	<i>01-01-96</i>	
HCFA 179	<i>95-17</i>	

STATE: NEW MEXICO

1. Eligible recipients will have free choice of the providers of case management services, provided the providers meet the qualifications as specified in Section E.
2. Eligible recipients will have free choice in participating in case management.
3. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Reimbursement

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE	<i>New Mexico</i>	A
DATE REC'D	<i>4-2-90</i>	
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TN No. *New Page*

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STATE: NEW MEXICO

IV. Case Management for Adults with Developmental Disabilities

A. Target Group: Case Management services will be provided for Medicaid eligible individuals who are developmentally disabled and are 21 years of age or older. The Centralized Services Team (CST) of the Department of Health, as the point of entry into services, will determine the urgency of need. Eligible individuals for continuing case management are those who meet the urgency of need based on medical necessity. Eligible individuals will include those needing residential and non-residential services as set forth by the CST, those that do not reside in a Medicaid certified ICF/MR facility; and those that do not participate in the Home and Community Based Waiver program.

B. Areas of the State in which services will be provided:

☒ Entire State

☐ Only in the following geographic areas (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than statewide):

Comparability of Services:

☐ Services are provided in accordance with Section 1902 (a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915 (g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a)(10)(B) of the Act.

D. Definition of Services:

The purpose of case management services for the adult developmentally disabled is to assist those eligible for Medicaid in gaining access to needed medical, social, educational and other services. Case management provides a link between the developmentally disabled and the providers

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STATE	DATE REC'D	DATE APP'D	DATE EFF.	HCP#179
NEW MEXICO	8-23-93	8-25-93	8-25-93	116

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Case management services will be provided for up to sixty (60) days after the individual has been moved from the waiting list into the requisite residential or non-residential services as set forth by the CST.

1. Identifying programs appropriate for the individual's needs, and providing assistance to the individual in accessing those programs.
2. Assessing the service needs of the individual in order to coordinate the delivery of services when multiple providers or programs are involved in care provision.
3. Reassessment of the individual to ensure that the services obtained are necessary.

E. Qualification of Providers:

Qualified case management agencies must have responsible personnel management including written policies and procedures that include, but are not limited to recruitment selection, retention and termination of case managers; job descriptions for case managers; grievance procedures; hours of work, holiday, vacations, leaves of absence; wage scale and benefits; conduct and general rules.

In accordance with provisions of the Omnibus Budget Reconciliation Act (OBRA) of 1987, the State will restrict the type of agencies that can provide case management services to the following provider types:

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BY *8-1-93*
HCP# *93-16*

- a. State agencies in New Mexico providing case management services to persons with developmental disabilities.
- b. Indian Tribal Governments and Indian Health Service Clinics.
- c. Community-based agencies in New Mexico that do not provide adult day habilitation, work related services and/or adult residential services to persons with developmental disabilities anywhere in New Mexico, and which have demonstrated direct experience in case management services in serving the target population, are eligible providers. Current Medicaid providers of case management for adults with developmental disabilities who also provide any of the above services must phase out case management services and no longer provide that service after October 1, 1994.

Agencies must be certified by the New Mexico Department of Health which serves as the certifying agency for this department.

2. Case Manager Qualifications:

Case Managers employed by case management agencies must possess the education, skills, abilities, and experience to enable them to perform the activities that comprise a Medicaid Case Management Service.

- a. At a minimum, case managers must have at least one year of experience working with persons with developmental disabilities and a bachelor's degree from an accredited institution in a human services field or any related academic discipline associated with the study of human behavior or human skill development (e.g., psychology, sociology, speech, gerontology, education, counseling, social work, human development, or any other study of services related to basic human needs or the human condition);

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STATE	8-23-93
DATE SENT	2-15-94
DATE RECD	8-1-93
DATE LI	8-3-16
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Supervisor: TN 91-87

- b. OR be a licensed registered nurse or licensed practical nurse with one year experience working with the developmentally disabled;
- c. In the event that there are no suitable candidates with the above qualifications, an individual with, preferably, an Associates Degree and a minimum of three years experience working with the developmentally disabled, or with a high school diploma and a minimum of four years experience working with the developmentally disabled may be employed as a case manager. In this case, a training and supervision plan must be submitted and approved by the Department of Health.

F. Freedom of Choice

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

STATE	<i>New Mexico</i>	A
DATE REC'D	<i>8-23-93</i>	
DATE APPE'D	<i>2-15-94</i>	
DATE EFF	<i>8-1-93</i>	
HCFA #	<i>93-16</i>	

Supersedes: TN 91-07

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Reimbursement

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE	<i>New Mexico</i>	A
DATE REC'D	<i>4-1-91</i>	
DATE APPV'D	<i>5-9-91</i>	
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Supersedes: None - New Page

STATE: NEW MEXICO

V. Case Management for the Traumatically Brain Injured

A. Target Group: Case Management services will be provided to Medicaid eligible adults with traumatic brain injuries who are not residents of an institution. Traumatic brain injury is defined as an insult to the brain, not of a degenerative or congenital nature, but caused by an external physical force that may produce a diminished or altered state of consciousness which results in impairment of cognitive abilities or physical functioning. The impairments may be either temporary or permanent and cause partial or total functional disability or psychological maladjustment.

B. Areas of the State in which services will be provided.

_____ Entire state

 x Only in the following geographic areas (authority of Section 1915 (g)(1) of the Act is invoked to provide services less than statewide):

Santa Fe County, Chaves County, Dona Ana County, McKinley County, San Juan County and San Miguel County.

C. Comparability of Services:

_____ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

 x Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a)(10)(B) of the Act.

D. Definition of Services:

The purpose of case management services for the traumatically brain injured is to assist those eligible for Medicaid in gaining access to needed medical, social, educational and other services. Case management services will provide necessary coordination with providers of medical and non-medical services when services provided by these entities are needed to enable the individual to

STATE	<i>New Mexico</i>	A
DATE	<i>01-03-96</i>	
DATE	<i>01-12-96</i>	
DATE	<i>12-21-95</i>	
DATE	<i>95-10</i>	

93-18

STATE: NEW MEXICO

benefit from programs for which he or she is eligible. No limitation is placed on the number of units of case management services a client may receive each month, however all services provided must be based on medical necessity and be designed to stabilize or improve the client's physical and mental functioning.

Services - Case Management services include the following activities:

1. Identifying programs appropriate for the individual's needs, and providing assistance to the individual in accessing those programs.
2. Assessing the service needs of the individual in order to coordinate the delivery of services when multiple providers or programs are involved in care provision.
3. Reassessment of the individual to ensure that the services obtained are necessary.

E. Case management providers for the traumatically brain injured are restricted to agencies who meet the following qualifications:

1. Community-based agencies which have demonstrated direct experience in providing case management services for the target population. Such agencies must have knowledge of available community services and methods of accessing them. They must be able to provide services on an ongoing basis without interruption.
2. Qualified case management agencies must have responsible personnel management including written policies and procedures that include, but are not limited to; recruitment, selection, retention and termination of case managers; job descriptions for case managers; grievance procedures; hours of work, holidays, vacations, leaves of absence; wage scale and benefits; conduct and general rules.
3. Providers are limited to agencies that can assume twenty four (24) hour responsibility for case management services.

STATE	<i>New Mexico</i>	A
DATE REC'D	<i>8-27-93</i>	
DATE APPVD	<i>1-27-94</i>	
DATE EFF	<i>8-1-93</i>	
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